STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Brandywine Living at Litchfield
19 Constitution Way, Litchfield 06759

Signature of FLIS Staff
Megan Edson-Sawyer — Nurse Consultant

Licensure Category: ALSA

Census: [ ] Capacity: [ ]
Memory Care/Traditional:

Date(s) of onsite inspection: 07/08/2022

Date(s) additional information obtained: _____

Personnel contacted: Executive Director Robin Vaughn (rvaughn@brandycare.com) and SALSA Mermisa Carney (mcarney@brandycare.com)

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[] Licensing Inspection [] *Initial* [] *Renewal* [ ] *Other (e.g.,strikes)*: _____

[] Visit **OR** Revisit for the purpose of

[x] See Complaint Investigation CT#32547

[x] Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated 9/26/22

[ ] Desk Audit _____ [ ] Amended Letter: _____ Original Ltr _____

[ ] Citation # _____ was issued to this facility as a result of this inspection.

[] Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies **were not** identified at the time of this inspection.

[ ] Citation # _____ was/was not verified as corrected. See attached narrative report.

[ ] Narrative report/additional information attached.

[ ] See Certification File.

[ ] Referral(s) to _____

[x] Verification of Alzheimer's special care units or programs or [] Not applicable
[] Full Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: Megan Edson-Sawyer **DATE OF REPORT: 07.08.2022**

[ ] Approval for issuance of license granted by: Elizabeth J Henry **DATE:** 9/26/22
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: